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CONFIRMATION NO. 2716

<b>SERIAL NUMBER</b> 10/796,215	<b>FILING OR 371(c) DATE</b> 03/09/2004 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> .10000-353	
<b>APPLICANTS</b> Scott T. Moore, Rural Hall, NC; Victor D. Clark, Pfafftown, NC;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/453,374 03/10/2003 <i>verified MCA</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/28/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Mark C. Foster</i> <i>MCA</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> Lawrence G. Almeda, Esq. BRINKS HOFER GILSON & LIONE P.O. Box 10395 Chicago, IL60610					
<b>TITLE</b> Stent introducer apparatus					
<b>FILING FEE RECEIVED</b> 1428	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		